



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/SERVICE-LEARNING
Community Service Grant Program

BUDGET AMENDMENT

District/Organization Name		County District Code	
Contact Person	Phone Number ()		
Street Address		Fax Number (Required for approval confirmation) ()	
City	State	Zip Code	

INSTRUCTIONS

1. Complete form only if requesting to transfer approved funds from one category to another or if there's an excessive change within a particular category.
2. Figures must be listed for each category. If a category is not being amended, please list the original awarded amount for that category.
3. Upon approval, these amounts become the new budget. Confirmation of approval will be faxed.
4. Figures must be rounded to the nearest dollar. All figures and calculations must be correct.
5. Itemize and justify the proposed budget amendment on page two of this form.
6. Forms not completed according to directions will be returned for correction and not approved.

Budget Categories	Awarded/Approved Amount (As listed on approved budget page)	New Amount Total (Grand total of category reflecting amended amount)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Supplies	\$	\$
Equipment	\$	\$
Professional Development	\$	\$
Purchased Services	\$	\$
Other	\$	\$
In-Direct Costs	\$	\$
TOTAL (Be sure to complete page two)	\$	\$

Signature on this form indicates that the district has agreed to the budget amendment as requested, is in compliance with all guidelines in expending the award, and that all expenditures are related to the Community Service Grant Program.

Signature of Contact Person	Date	Authorized Signature	Date
FOR DEPARTMENT USE ONLY - APPROVAL		PLEASE COMPLETE AND RETURN TO: Service-Learning Supervisor Community Education Department of Elementary and Secondary Ed. P.O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 526-5395 Fax: (573) 526-4261	

Itemization/Justification

If additional table space is needed, please copy this form as many times as needed.

1. List **each** approved budget item that you no longer wish to purchase/consume.

Expenditure Category (as listed on page 1)	Item(s) proposing to remove from approved budget	Cost of Item(s)
		\$
		\$
		\$
		\$
		\$
		\$

2. For **each** item above, justify why you no longer wish to purchase/consume each item.

Item (same as above)	Justification for not purchasing/consuming item(s)

3. List the **new** item(s) you are requesting to purchase/consume upon approval of this budget amendment.

Expenditure Category	Item(s) requesting approval to purchase/consume	Cost of Item
		\$
		\$
		\$
		\$
		\$
		\$